

# Standardized assessment of ill-defined clinical problems : the script concordance test

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# **Stellingen**

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## **Standardized assessment of ill-defined clinical problems**

**Bernard Charlin**

Maastricht, 29 november 2002

1. A series of principles stem from application of the script theory to the field of clinical reasoning assessment:
  - Assessment should be based on authentic problematic situations.
  - Items should be made with options experts have in mind and actions they take in these situations.
  - Responses should be captured in a manner that reflects real reasoning processes.
  - The scoring method should reflect the variability-of-thinking experts demonstrate in these situations.
2. The capacity to solve ill-defined problems characterizes professional competence. Experts differ on their path and on data interpretation while they reason toward a solution to that kind of problems. A scoring method on ill-defined problem assessment should allow taking into account variation of answers among criterion group members.
3. Current practice of written clinical reasoning assessment removes items on which experts don't agree. Therefore it assesses technical knowledge only and do not probe more reflective parts of professional knowledge.
4. Jury members provide different answers when they reason alone or in-group. To build answer grids, jury members should pass the test the way examinees do.
5. SCT will allow in the future to reliably measure interpretation skill in visual domains, a kind of skill that is difficult to measure with more classical tools.
6. SCT is a standardized test. Its scoring method is objective and easier to implement than those of alternative methods of clinical reasoning assessment.
7. SCT, as opposed to more classical methods of assessment, probes the clinical reasoning process instead of its outcome. It probes cognition instead of the observable behavior reflecting its outcome.
8. Researchers should stop investigating the forty years Moses spent wandering in the desert. The explanation is very simple: males never ask for directions!
9. A career in education, even for those who have significant clinical activities, should rest on educational scientific knowledge production.
10. Innovation should come from detection of area in need of improvement and should be anchored on theory. Innovation when implanted should then be observed in scientific manner and be submitted to the judgment of peers through the publication process.